



"Live Howard County" Program APPLICATION FORM

Please follow the instructions and complete **all** applicable sections of this form. This information will only be used to determine your eligibility for the program. It will not be used to qualify applicants for mortgage financing. All information will be kept confidential.

THE FOLLOWING ITEMS MUST BE ATTACHED TO THE APPLICATION FOR THE APPLICANT & CO-APPLICANT. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.

(please mark each attachment being included)

- ☐ Copies of Federal Income Tax Returns for the most recent year with all the schedules filed (Form 1040 with corresponding W-2 forms and schedules). *(Electronic Summary, e-File, or TeleFax are not acceptable)*
- ☐ Copies of the three (3) most recent pay stubs showing **GROSS** income for every wage earner in the household.

APPLICANT	Social Security Number:	[]	[]	[]	---	[]	[]	---	[]	[]	[]	[]
Name: _____												
Current Address: _____ _____												
Home Phone: _____						Work Phone: _____						
Employer: _____						Employer Address: _____						
City/State: _____						Employer Phone: _____						
Current Base Salary:		\$ _____		Overtime:		\$ _____		Employee Bonuses: \$ _____				
Other Income: Amount: \$ _____				Source: _____				Received: Weekly/Monthly/Annually				
Alimony/Child Support Received? ____ Yes ____ No						\$ _____						
Email address: _____												
CO-APPLICANT *	Social Security Number:											
[]	[]	[]	---	[]	[]	---	[]	[]	[]	[]	[]	[]
* Spouses and life partners <u>must</u> be included on the application as co-applicants if they will live in the home.												
Name: _____												
Current Address: _____ _____												
Home Phone: _____						Work Phone: _____						
Employer: _____						Employer Address: _____						
City/State: _____						Employer Phone: _____						
Current Base Salary:		\$ _____		Overtime:		\$ _____		Employee Bonuses: \$ _____				
Other Income: Amount: \$ _____				Source: _____				Received: Weekly/Monthly/Annually				
Alimony/Child Support Received? ____ Yes ____ No						\$ _____						
Email address: _____												



FAMILY INFORMATION: Provide the requested information for each individual who will be living in the home. Any dependents 18 years of age or older must document his/her employment or student status.

Name	Relationship	Gender	Date of Birth (mm/dd/yyyy)
	Head of Household	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

SELECTION OPTION (please check applicable boxes)

I am a first-time homebuyer and wish to be entered in the lottery to purchase:

☐ **High Ridge Rd detached home for \$199,900.**

Minimum Household Income to qualify: \$ 55,000.

Maximum income limits apply. See chart on page 3.

No single-person households may apply.

☐ **Tumbleweed Run townhome for \$151,000.**

Minimum Household Income to qualify: \$ 41,000.

Maximum income limits apply. See chart on page 3.

Single-person households may apply.

☐ **Enter me in both lotteries**

FIRST-TIME HOMEBUYER (please check all that apply):

☐ I/We are applying to purchase a home from The Howard County Housing Commission

☐ I/We certify that no one on this application currently owns, or has owned residential property within the last three (3) years

☐ A person on the application has owned a personal residence within the last three (3) years, but because of separation or divorce of the joint tenants or death of one of the joint tenants, needs to purchase a residence without the former joint tenant.

“LIVE HOWARD COUNTY” Program Rules

You must be a pre-qualified buyer before the event to be eligible. You must apply to the Department to determine if you (i) are income eligible, and (ii) qualify for a mortgage. Your household income may not exceed 80% of the Howard County median household income (see income chart on page 3). **No applications will be accepted on the day of the fair.**

You must be present for the drawing to win. The lottery winners will be chosen at the Fair on April 10, 2010, at 1:40 pm.

If you are the lucky winner, you will be buying a home at a reduced price based on the appraised value. You will have the right to live in the home with all of the rights and responsibilities of a homeowner. When you decide to sell your home, you must first offer to sell it back to the Commission at the permanently affordable price (see definitions below).

RIGHT OF FIRST PURCHASE: The Buyer agrees to grant to the Howard County Housing Commission a right of first purchase in the Property. The right of first purchase will be contained in the deed or other instrument and recorded among the Land Records for Howard County.

COVENANT: This Contract is contingent upon the Buyer executing a **Permanently Affordable Housing Covenant** for the benefit of the Howard County Housing Commission. The Permanently Affordable Housing Covenant will provide, among other things, that the Property shall not be transferred to anyone other than an Eligible Purchaser. The Permanently Affordable Housing Covenant shall be recorded prior to the first mortgage.



Please complete the following to assist in the analysis of the **affirmative marketing** of units under this program.

Race/Ethnic Category (Applicant): ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other: _____

Race/Ethnic Category (Co-Applicant): ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other: _____

CERTIFICATIONS (required):

By signing below:

- I/We certify that I/we are applying to purchase a residence under the "Live Howard County" Program, I/we agree to allow Howard County to review my application and supporting documents (including, but not limited to, the applicant's and co-applicant's credit histories) to determine my/our present and continuing eligibility.
- I/We certify that the information provided on this application is true and complete to the best of my/our knowledge.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to be eligible for the "Live Howard County" Program, that inquiries may be made to verify this information, and that Howard County may take legal action against persons who benefit from the program under false pretenses.
- I/We certify that I/we have read, understand, and will comply with the program rules.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Completed application must be submitted in person or by mail (not fax) with supporting documentation to:

Howard County Housing Commission
6751 Columbia Gateway Drive, 3rd Floor
Columbia, Maryland 21046

APPLICATION DEADLINE: APRIL 7, 2010 AT 5:00 PM

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

(Prepared By)

(Date)

☐ Incomplete (Date: _____)

☐ Pre-Qualified by Lender

Total Annual Household Income:
\$ _____

☐ Eligible for:

☐ Purchase # BR _____

☐ Age-Restricted # BR _____

☐ Senior # BR _____

☐ Ineligible: _____

Reason: _____

Household Size	Maximum Permitted Income (effective 1/1/10)	
	Purchase (80%)	
1	\$57,422	
2	\$65,626	
3	\$73,829	
4	\$82,032	
5	\$88,595	
6	\$95,157	
7	\$101,720	
8+	\$108,282	



“Live Howard County” Documentation Checklist

Each of the following items listed below must be attached to your application. If any of the following are not attached, your application will be returned to you. Please check off each item and sign where indicated.

- ☐ **Signed application**
- ☐ **2009 Income Tax Return, if available. If not, 2008 Income Tax Return may be submitted.** If you do not have a copy of your income tax returns, please call the IRS at 1-800-829-1040 to request a copy. If you did not file taxes, call the IRS to request a statement verifying that no taxes were filed. Electronic summary or telefax copies are not acceptable.
- ☐ **2009 W-2s**
- ☐ **Three current pay stubs** (for both full time employment and part time employment) **for each employed person in the household.**
- ☐ **For college student, you must provide a college transcript** (unofficial copies allowed).

No copies will be made in the office.

By signing below, you are verifying that each of the above documents is attached to this application.

Applicant Signature

Co-Applicant Signature

THIS SHEET MUST BE SUBMITTED WITH YOUR APPLICATION

**APPLICATION DEADLINE:
APRIL 7, 2010
5:00 PM**

NO APPLICATIONS WILL BE ACCEPTED THE DAY OF THE FAIR.

